


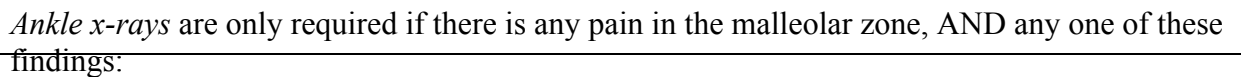
HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>		
Date _____ Time _____ HCP _____ Tob Y/N _____ Ppd x _____ yrs PRP Y/N _____ All _____ Meds _____ _____ _____ _____	Family Practice Clinic 31 MDG Aviano AB, Italy S: _____ y/o male/female c/o L/R ankle pain for _____ days. Mechanism of action: Yes No Xray ordered per OTTAWA RULES For Ordering Ankle Xray On Reverse O: General Ankle- benign edematous red ecchymosis nontender tender where _____ ROM- FROM decreased Ligaments- intact +/- drawer Neuro- intact deficits Vascular- Posterior tibial Dorsalis pedis X-rays/Lab- A: L/R ankle sprain fx _____ P: P:		

PATIENT'S IDENTIFICATION *(Use this space for Mechanical print)*

RECORDS MAINTAINED AT: 			
PATIENT'S NAME <i>(Last, First, Middle Initial)</i>			SEX
RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE
SPONSOR'S NAME			ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.		DATE OF BIRTH

The Ottawa Rules for Radiographs in Acute Ankle Injuries:

Y/N presents for the first time for this problem



Y/N	Inability to bear weight both immediately and at the clinic
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Y/N	Inability to bear weight both immediately and in the clinic
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*Inability to bear weight immediately = the patient cannot walk unaided for four steps within the first hour of the injury